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REFUGEE AND DISPLACED WOMEN IN INDEPENDENT AFRICAN STATES

ABSTRACT

This sudy examines the situation of refugee and displaced women in independent African States. The problem has several dimensions which justify its serious consideration.

In terms of sheer numbers, Africa hosts a large number of refugee and displaced persons, most of them women and children. Efforts to solve the problem will require substantial investment in women's and children's programmes. Secondly, the refugee and displacement problem has existed for a long time, for the political instability of the region has made it an almost permanent feature. Durable solutions, therefore, require long-term measures. Lastly, the aspects are superimposed on other developmental problems and they must, therefore, be taken into account in local and regional development planning.

The findings of the study show that there is a lack of reliable data specifically on refugee and displaced women; available statistics are limited and so it is difficult to determine accurately the extent of the problem. Available information needs to be exchanged and a general awareness of the position created, perhaps through regional and local meetings.

A number of integration and rehabilitation programmes directed specifically at women and children have been set up. It is vital that this assistance should continue and expand.

An evaluation of the present programmes, however, shows that most of the existing assistance is directed towards women as part of a group. Such a strategy is inappropriate, however, since women and children are a vulnerable group and need programmes specifically directed towards their special needs. The existing programmes could be further improved by better co-ordination and by including the women within both the planning and the implementation stages. Most of the programmes should be in rural areas since the majority of the target group both live in and originate from the countryside.

Preface

This study was commissioned by the African Training and Research Centre for Women of the United Nations Economic Commission for Africa (Addis Ababa) in order to gain a clearer picture of the situation of women refugees in the region and develop recomendations to be presented to international organizations, African members States and women's organizations, both governmental and non-governmental. The study was undertaken by Ms. Shanyisa Anota Khasiani of the Population Studies and Research Institute of the University of Nairobi (Kenya) working as a Consultant to ECA. The views and interpretations in this report are those of the Consultant and should not be attributed to the ECA/ATRCW.

The Consultant expresses her gratitude to the offices of UNHCR in Kenya, Somalia and Uganda for facilitating her work. In Kenya she received substantial assistance from the Kenya Catholic Secretariat, the National Christian Council of Kenya, CARE - Kenya, the Church of the Province of Kenya and Maendeleo Ya Wanawake. In Uganda she conveys her thanks for help received to the Office of the Prime Minister, the Ministries of Rehabilitation, Culture and Community Development as well as the Christian Children's Fund, Save the Children Federation, the World Lutheran Federation and the National Council of Uganda Women. She gratefully acknowledges the aid in Somalia of UNHCR sub-branch office in Qoorioley, UNICEF, the Women's Department of the Ministry of Education, the National Refugee Commission and Action Aid. Most of all she extends her sincere thanks to the many refugee and displaced women to whom she talked in Kenya, Somalia and Uganda.

Single copies of this study are available free of charge from ECA/ATRCW, P.O. Box 3001, Addis Ababa, Ethiopia.

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Chapter I

THE NATURE AND SCOPE OF THE PROBLEM OF REFUGEE AND DISPLACED WOMEN IN AFRICA

A. Introduction

Africa generates more refugees and displaced persons than any other region in the world. The present number of officially recognized and assisted refugees in the continent is about 3 million, and approximately 10 million people are classified as displaced, either internally, into other regions of their own countries or internationally, in to other African states.

A refugee is defined as any person who owing to the well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion, or membership in any particular social group is outside his country of nationality and is unable, or unwilling, because of such fear to avail himself of the protection of that country. It also applies to those who have no nationality and are outside the country of former habitual residence and are unwilling to return to it. The term also covers any person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part of or the whole country, is compelled to seek refuge outside his country of origin.[1/] Internally displaced

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1/ Organization of African Unity, Convention Governing the Specific Aspects of Refugee Problems in Africa, (Article 1), 1969 (hereinafter referred to as Convention on Refugee Problems).

persons are those returnees or repatriates who have not yet resettled in their countries of origin; those dislocated from their normal home areas by civil wars and political conflicts; and those socially and economically displaced who migrate from areas affected by drought, famine or floods. Internationally displaced persons are those people who seek asylum in foreign countries for political and economic reasons, but who are not granted official refugee status.

During the 1970s, Africa witnessed an unprecedented increase in the refugee population, with a record peak of 5 million towards the end of the decade. The total has since fallen because of several positive events in Africa over the past few years. Thousands of refugees have returned home following Zimbabwean's independence; Ethiopian refugees have been and are being repatriated; large numbers of Ugandans, Chadians and Angolans have been voluntarily repatriated following general amnesty declarations and the enactment of amnesty laws; in addition more than 36,000 Rwandese refugees were granted citizenship by the Government of the United Republic of Tanzania[2/] and over 2,000 Angolans, by the Botswana Government.

2/ Office of the United Nations High Commissioner for Refugees (UNHCR) Refugee and Refuge Assistance in Tanzania, General Information Paper, March, 1984.

Despite these positive developments, the refugee and displacement problem is becoming more serious, largely because of its unique character, which can be explained by a number of factors. The African countries which welcome and accept refugees are among the poorest, least developed countries in the world, with fragile economies and insufficiently developed resources and infrastructure. The local people, who lack most of the basic needs of life themselves, are called upon to share what little they have with the new-comers who often arrive with nothing. Secondly the vast majority of refugees and displaced persons are from the rural areas, where poverty, illiteracy and ignorance are characteristic. Thirdly, Africa now has to bear the huge additional burden of population dislocation at a time of unprecedented socio-economic crisis. Unfavourable external circumstances have exerted strong pressure on weak African economies, while the cumulative impact of severe drought, desertification, other natural disasters, civil strife and slow economic growth threatens to entrain a downward spiral of economic decline, poverty and hunger. Finally, in Southern Africa, the intransigent apartheid system and the illegal occupation of Namibia not only generate refugee victims, but also jeopardize the stability of neighbouring countries and peoples.

Refugees and displaced people experience a series of hardships and personal tragedies both en route to asylum and after arrival, such as violence, hunger, disease, fear and death. They suffer a feeling of rootlessness, particularly since they are often powerless over their own destinies. Even when their material needs are reasonably met, they remain torn between the hope of return and the desire to integrate themselves within their host societies.

In keeping with traditional ideas of hospitality, Africans have made great sacrifices to ease the suffering. Host communities have continued to share their limited resources, large tracts of land have been made available for the refugees to settle on, and education and employment opportunities, medical services and housing have been extended, sometimes at the expense of national progress. The international community has also offered assistance, in the form of food, medicine, blankets, clothing, tents and other essential supplies.

Relief and development assistance has, however, not been very sensitive to the needs of subsections of the refugee and displaced populations. Depending on the basic causes for flight, many men have either been killed or captured, have joined resistance forces or have profitted from their greater mobility to flee alone. Thus, women, children and the aged are the dominant groups in this socio-culturally, politically and economically uprooted population. Despite the fact that women and children are the most vulnerable groups, little information exists on their specific problems and needs, nor on the extent to which relief assistance and other development programmes serve their needs. It is a sphere that requires urgent research.

This paper is a contribution to meet this need, in that it examines the position of women within the overall dislocated population and examines the impact of current programmes and the likely effect of planned action to improve the present situation. It is hoped to make African women themselves and the national and the international community more aware of the human and regional tragedy of dislocation particularly as it affects women. The World Conference of the United Nations Decade for Women: Equality, Development and Peace, held at Copenhagen in July, 1980 stressed that "overlooking the needs of women refugees would have profound effects not only on women themselves

but also on millions of people who depend on them; especially children and the elderly." A further aim is to engender greater activity in the search for a durable solution, including the removal of the basic causes, and the promotion of regional peace, human rights, voluntary repatriation and productive integration.

The grave concern of the African region and the international community to find a lasting solution was expressed recently at the second International Conference on Assistance to Refugees in Africa (ICARA II), held at Geneva, from 9 to 11 July 1984. Pursuant to General Assembly resolution 37/197 of 18 December 1982, the Conference was organized by the Secretary General of the United Nations, in close co-operation with the Organization of African Unity (OAU), the office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Development Programme (UNDP). The central themes of ICARA II was "Time for Solution and Building a Future for Africa's Refugees", and its specific task was to recognize the link between the humanitarian and development aspects of care for refugees and support for host countries. This study emphasises that this new development-oriented strategy should apply crucially to refugee and displaced women. It is based on an ongoing study sponsored by the ECA African Training and Research Centre for Women (ATRCW), in collaboration with the Organization of African Unity (OAU). Besides reviewing available literature on the region's refugee and displaced persons, the consultant undertook three case studies, in Kenya, Somalia and Uganda.

B. The basic reasons for population dislocation

In Southern Africa, the racial policies of the South African regime, symbolized by the word apartheid are one of the main reasons behind the refugee problem. Apartheid, an Africaaner word meaning separateness, is a system of racial segregation,

oppression and exploitation which enables whites, who comprise less than one-fifth of the population, to control the social, economic and political affairs of the State. Freedom of movement and the political and socio-economic rights of the majority are greatly limited, while their cheap labour is exploited, which has resulted in uprisings, violence and the flight of many blacks, coloured and Asians into neighbouring States as refugees. The creation of Bantustans has caused millions of blacks to be displaced within their own country.

2. Occupation

South Africa continues illegally to occupy Namibia. In 1920, following the German defeat in World War I, Namibia became a League of Nations Mandate, under South African administration. In 1966, the Mandate was revoked, and the territory was placed under the direct responsibility of the United Nations. Nevertheless, South African occupation continues, in contravention of United Nations General Assembly and Security Council Resolutions and against an advisory opinion of the International Court of Justice. The economy is controlled by South African white business interests, settlers and foreign investors. The African Namibian majority are underprivileged, which has led many to seek refuge elsewhere. The major liberation movement, the South West African Peoples' Organization (SWAPO), has intensified its liberation struggle, thus further increasing the number of refugees into neighbouring States, while leaving behind many displaced persons.

3. Civil unrest and natural calamities

Throughout the rest of Africa, the numbers of refugees and displaced persons have increased in the last decade. There are many reasons given, including inter-State conflicts, coups détat and counter coups, repressive regimes, ethnic or tribal conflicts, religious differences, foreign intervention, and

the violation of human rights. These all tend to result in civil disorder and the flight of sections of the population. To this list must be added natural disasters, such as famine and floods.

C. The problems in obtaining data

Accurate statistics of refugees are very difficult to obtain. Many diferent factors help to explain this; poor communication and inaccessibility, resulting in incomplete census survey coverage; misreporting for reasons such as fear or illiteracy; non-reporting for political, social, economic and strategic reasons; uncontrolled movement of refugees across territorial borders; and massive influxes during crises, which overwhelm the enumeration capabilities of asylum countries. Nevertheless, reasonable estimates of refugee numbers have been made, primarily by African Governments using their own records and methods of estimation. The international agencies, led by UNHCR, generally use these figures for planning and programming purposes, after evaluation with the respective Governments. The numbers of returnees, i.e. voluntary repatriates, are also recorded, although the data is grossly inadequate, partly because many repatriates do not pass through the official registration centres and border posts. The volume of internal displacement is even harder to assess, specially where vast areas are affected, for example, by continuous drought or other natural disasters. A few countries only have attempted to estimate the number of their internally displaced nationals; usually these have been in war-torn areas, where the identification of people from the conflict zones is much easier.

The difficulties in obtaining data on refugee and displaced women are even greater. Being the most marginal element in populations of poor rural displaced people, the women assume a low profile in an alien environment and so are the least

accessible group for the purposes of data collection. They are also often unwilling to talk, partly because of fear, and, when persuaded, they misreport the required information, largely because of illiteracy.

D. Available data on refugees and displaced persons

1. Refugees

A summary of available Government and UNHCR statistics on refugees in independent African States is presented in Table 1. Countries are grouped according to the five ECA Centres for Multinational Programming and Operation (MULPOCs), to show geographical distribution. The main countries of origin of the refugees are also shown.

TABLE 1: REFUGEES IN INDEPENDENT AFRICAN COUNTRIES (JUNE 1984)

ECA/MULPOC Subregion and Country of Asylum	Number of Refugees	Percentage of women and children (under 15)	Main Countries of Origin
I. GISENYI MULPOC			
Burundi	256,000	.	Rwanda, Zaire, Uganda
Rwanda	54,000(1)	.	Uganda, Burundi
Zaire	304,000(2)	.	Angola, Uganda, Rwanda, Burundi, Zambia
Subregional Total	614,000		
II. LUSAKA MULPOC			
Angola	99,000	.	Namibia, Zaire, South Africa
Botswana	5,000	.	Zimbabwe, Angola, Namibia, S. Africa
Djibouti	25,000	.	Ethiopia
Ethiopia	70,400	.	Sudan, Somalia, Djibouti, Kenya, Uganda, Zaire
Kenya	7,300	.	Uganda, Ethiopia Rwanda

. Information not available.

(1) This Government figure includes refugees and returnees.

(2) Several other estimates have been made of refugees in Zaire. For example, in early 1982 the Government referred to more than 500,000 based on reports from border posts and immigration offices to which UNHCR had no access.

Table 1 Contd.

ECA/MULPOC Subregion and Country of Asylum	Number of Refugees	Percentage of women and children (under 15)	Main Countries of Origin
Lesotho	11,500	.	South Africa
Mozambique	600	.	South Africa
Somalia	700,000(3)	90%	Ethiopia
Swaziland	7,150(4)	.	South Africa
Uganda	173,000	.	Rwanda, Zaire, Ethiopia, Kenya, Sudan
United Republic of Tanzania	180,000	.	Burundi, Zaire, Uganda, South Africa
Zambia	103,000	.	Angola, Zaire, Namibia, South Africa
Zimbabwe	60,000	.	Mozambique, South Africa
Subregional Total	1,442,350		

(3) This is only the estimate of refugees in organized camps and settlements. The Government assesses that there are as many refugees spontaneously settled in Somali communities. This would make an estimated presence of 1.4 million refugees in Somalia.

(4) This figure represents registered refugees only. It is estimated that several thousand other persons are "in a refugee-like situation" but prefer, mainly for political reasons, not to register as refugees.

Table 1 Contd.

ECA/MULPOC Subregion and Country of Asylum	Number of Refugees	Percentage of women and children (under 15)	Main Countries of Origin
III. Niamey MULPOC			
Benin	300	.	Chad
Burkina Faso	105	.	Ghana, Burundi, Rwanda
Ghana	150	.	Namibia, South Africa
Cote d'Ivoire	500	.	Non specified
Liberia	130	.	South Africa, Ethiopia
Nigeria	5,000	.	Chad, Ghana, Namibia, Zaire, Ethiopia
Senegal	5,200	.	Guinea-Bissau
Sierra Leone	200	.	Namibia
Togo	1,500	.	Ghana, Chad
Subregional Total	13,085		
IV. TANGIER MULPOC			
Algeria	167,000	.	Western Sahara, Unspecified Africa, Europe Latin America
Egypt	5,500	.	Ethiopia, America
Morocco	500	.	Europe, unspecified Africa
Sudan	700,000	.	Ethiopia, Uganda, Zaire, Chad

Table 1 Contd.

ECA/MULPOC Subregion and Country of Asylum	Number of Refugees	Percentage of women and children (under 15)	Main Countries of Origin
Tunisia	370	.	Europe, unspecified Africa, Asia, Latin America
Subregional Total	873,370		
V. YAOUNDE MULPOC			
Central African Republic	7,000	.	Chad
Congo	540	.	Unspecified
United Republic of Cameroon	4,300	.	Chad, Namibia
Subregional Total	11,840		

Sources: Report of the Secretary General on Detailed Description of Needs, Project Outlines and Background Information on the Refugee Situation (A/CONF. 125/2) to the Second International Conferece of Assistance to Refugees in Africa (Geneva, 9-11 July 1984); UNHCR Fact Sheet Nos. 1-3, 6, 8 and 10 (June 1984); UNHCR Map of Refugees in Africa (figure as of Spring 1984); UNHCR Refugees Magazine (No. 5 December 1983 and No. 7, July 1984). Figures in these documents are provided mostly by Governments based on their own records and methods of estimation.

It may be seen that the East and Southern, Central and North African subregions have the greatest refugee presence. Countries like Somalia (700,000), Sudan (700,000), Zaire (304,000), Burundi (256,000), Tanzania (180,000), Uganda (173,000), Algeria (167,000) and Namibia (103,000) give shelter, land and social services to such large numbers of refugees that they represent considerable proportions of their respective local populations. By far the largest proportion is in Somalia, where refugees account for approximately 20 per cent of the total population. In some regions of Somalia, as in parts of Tanzania, the refugee proportion reaches 50 per cent. In Burundi, a small, densely populated, land-locked and least developed country, it is estimated that there is one refugee for every 17 citizens.

The overwhelming majority of the refugees in the poor countries of Eastern, Central and Southern Africa are agricultural or pastoral people who make heavy demands on land resources and rural infrastructure. Further, most of them are also long-term; countries like Burundi, Ethiopia, Tanzania, Uganda, Sudan, Zaire and Zambia have hosted large numbers of refugees for 10 to 20 years or more. Several of these countries have successfully settled and integrated many of the refugees into the national society.

Urban refugees are found in Kenya, Egypt, Tunisia and most of the West African countries. Where numbers are very low, between 100 and 500, as in Burkina Faso, Ghana, Liberia, Sierra Leone and Cote d'Ivoire, they usually represent refugees from other countries of first asylum pursuing educational and employment opportunities.

2. Displaced persons

Notable achievements have been made in the voluntary repatriation of refugees following the settlement of internal disputes, the granting of amnesty or the attainment of independence, as for example, the Portuguese-speaking countries (1975-1979) and Zimbabwe (1980). Although there have been numerous official or media reports on population displaced by natural disasters and wars, there is no overall data. The few Government statistics available to UNHCR on returnees since the early 1970's, are shown in Table 2.

TABLE 2: RETURNEES TO INDEPENDENT AFRICAN COUNTRIES

ECA/MULPOC Subregion and Country of Asylum	Number of Returnees	Percentage of women and children (under 15)
I. GISENYI MULPOC		
Burundi	19,000	.
Zaire	190,000	.
II. LUSAKA MULPOC		
Angola	over 146,000	.
Ethiopia	150,000	.
Uganda	300,000	.
Zimbabwe	over 200,000	.
III. NIAMEY MULPOC	No information	
IV. TANGIER MULPOC		
Sudan	Over 150,000	.
V. YAOUNDE MULPOC		
Chad	150,000	.

. Information not available

Sources: As Table 1.

Statistics on internally displaced people are rather dubious. A Government estimate suggests that at least 600,000 people had been displaced in Angola by South African incursions and guerrilla warfare in the south of the country. War and drought account for probably several million displaced persons in Ethiopia, and possibly for a similar number in Somalia. As a result of political problems and war over the last decade, Uganda has one of the largest totals of displaced persons in Eastern Africa. In Central Africa, Chad faces similar problems but no figures are available.

E. Demographic Characteristics of the dislocated population

Tables 1 and 2 show an overall lack of information on the age or sex distribution among refugees and displaced persons. The preponderance of women and children is evident, however even to the most cursory visitor to refugee camps and settlements, especially in the major asylum countries such as Sudan, Somalia, Zambia, Zaire and Tanzania. Somalia, the only country that presented a demographic breakdown of its refugees to ICARA II, estimated that as many as 90 per cent of the refugee population were women and children under 15; children of both sexes numbered 60 per cent; and females over 15, 30 per cent, whereas males over 15 accounted for only 10 per cent.[3/] It is reasonable to suggest that females constitute between 50 and 60 per cent of all the refugee and displaced people in Africa, but more specific research is necessary.

3/ Report of the Secretary-General to the Second International Conference on Assistance to Refugees in Africa, Geneva, 9-11 July, 1984, (A/CONF/.125/20). "Detailed Description of Needs, Project Outlines and Background Information on the Refugee Situation", p. 116.

More than 75 per cent of the heads of refugee households in Somalia are women. Women and girls constitute 51 per cent of the refugees in the Mishamo Settlement in Tanzania, where over 25 per cent of the families have female heads. In Uganda, the recent disturbances have affected the sex composition of the refugee population for, since most men were killed, kidnapped or forced to join the guerrilla fighters, the number of refugee and displaced women alone, widows and children has drastically increased. In striking contrast, Kenya's urban refugees are approximately 75 per cent male, with characteristic high literacy rates.

These statistics are limited and based on estimates rather than an actual surveys. It is therefore very difficult to determine the needs of the female refugee and displaced population or to give a proper assessment of established programmes, a factor which constrains this study. Great emphasis is given to the need for comprehensive data; this would lead to the setting up of new appropriate programmes and to a better assessment of the effectiveness of existing ones.

Chapter II

THE IMPACT OF ASSISTANCE PROGRAMMES ON REFUGEE AND DISPLACED WOMEN

The rights of refugees to protection, relief, education, employment, health, counselling and other assistance are set out in the 1951 United Nations Convention Relating to the Status of Regugees; the 1967 Protocol and the 1969 OAU Convention Governing Specific Aspect of Refugee Problems in Africa. A large number of States are parties to these Conventions, and many have adopted legislation to implement the various provisions contained in the international and regional instruments. These conventions do not cover the rights of internationally displaced persons, but on humanitarian grounds, most organizations have specific assistance programmes for them. Internally displaced persons retain all the rights stipulated in the country's constitution.

Refugee and displaced women suffer far more radical changes in role and status than men. Traditionally their status is socially and culturally linked with their role as housewives and mothers. They have to adopt unaccustomed and burdensome responsibilities however, when their husbands and male kin are killed or forcibly separated from them. The trauma of flight, intimidation and exploitation, including sexual exploitation and abuse leaves a lasting psychological impact on many women and girls. They are often culturally constrained from taking the necessary initiatives and decisions about their future. Many remain in a state of hopeless dependency or take a very long time to gain the necessary self-confidence to rebuild new lives and new homes in unfamiliar environments in the asylum countries.

Most refugee and displaced women come from rural background and resettle in rural areas; suffering all the attendant problems of large families, poverty, low literacy levels, limited productive skills and poor health. While these women need relief assistance, including food, clothing, shelter and medicine, they also need to take part in activities to ensure eventual reintegration into their home communities. UNHCR, other agencies of the United Nations and over 100 national and international organizations presently provide relief and long-term developmental assistance to refugees and displaced persons in Africa. Such assistance takes various forms, usually provided within the context of:

A. Legal protection assistance;

B. Emergency relief assistance programmes;

C. Integration and rehabilitation assistance; and

D. Resettlement.

Each will be considered in turn, together with relevent material from the case studies in Kenya, Somalia and Uganda, and other available country data to demonstrate the impact of this assistance on refugee and displaced women in Africa.

A. Legal protection assistance

While OAU, UNHCR and the host country all share the responsibility for protecting refugees, UNHCR is specifically charged under a United Nations Mandate with implementing protection measures and ensuring that all asylum seekers are granted direct protection. This consists of approaching Governments on behalf of specific individuals or groups to ensure

that they are treated in accordance with internationally accepted standards in matters such as the granting of asylum, the prevention of refoulement (expulsion) or abusive detention, the designation of refugee status, with the necessary identity papers, the reunification of separated refugee families, the promotion of voluntary repatriation where possible and of resettlement where necessary, and the issuing of travel documents and work permits.[1/]

The initial problem facing refugees is the search for asylum, which is related to the procedure designating refugee status, with permission to enter and reside in the country of refuge. OAU has continued to stress the principle that the granting of asylum is a peaceful and humanitarian act, which should not be considered an act of aggression by any member.[2/] Member States are also required to assist when others are unable to continue providing asylum for refugees.

Non-refoulement is also emphasized; member States should not forcibly expel or repatriate refugees to countries where they fear persecution. All African States have "open door" asylum policies and only isolated instances of refoulement occur. Asylum seekers or officially registered refugees have sometimes been exchanged in order to maintain good relations between Governments, where asylum seekers have been mistaken for illegal immigrants.

1/ The Office of the United Nations High Commissioner for Refugees, General Information Paper.

2/ OAU 1969 Convention on Refugee Problems, Article II-2.

Refugee status is determined by Government according to an established national procedure; but UNHCR is involved in the decision making. In Kenya, each application is considered by a committee consisting of UNHCR and immigration officials. Should the case be rejected, the UNHCR Refugee Protection Officer, under the UNHCR Mandate, may lodge an appeal. Eligibility for refugee status is considered individually for every adult aged over 18, and if granted, the refugee then receives a United Nations Refugee Identification Card. Those aged under 18 are considered as dependents of the head of the household and registered as such. An asylum seeker whose application is completely rejected at appeal can apply for alien status. Most Governments, pleading limited employment, are traditionally reluctant to grant alien status except to people with high education and specialized skills. Most of those without specialized skills and high education are women. Some of the rejected candidates stay in the country illegally and become internally displaced and economically marginal people always hiding from the authorities. For example, in Kenya a group of Mozambicans sought and were denied refugee status, but were allowed to stay as aliens. They have, however, since became destitute. The majority of these families have female heads of household.

Large influxes of refugees are usually automatically granted refugee status, with the identification documents generally being given to the head of the household only. This means that married women do not have their own refugee identification documents. The actual implications of this may be observed in Uganda. During the late 1950s and early 1960s, many Rwandese refugees fled to Uganda en masse. In time, they integrated into the local population and became self-reliant, so that UNHCR assistance was gradually phased out. The recent disturbances,

however, have uprooted many resettled refugees. Many have been widowed, and others separated or deserted. Thus, UNHCR has found it necessary to re-establish relief assistance services. In order to qualify for these services, however, refugees were required to present their identification cards, but most of the displaced women never had such cards. A complicated and lengthy process resulted, whereby refugees had to prove their status which delayed access to urgently needed relief assistance. The problem of lack of documents among women is widespread and serious and requires an urgent solution.

Family unity is crucial for legal, social and other reasons, but the turbulent conditions that lead to dislocation are divisive. Women separated from other members of the family experience many problems. First, most women flee with their children, and so have the additional economic burden of looking after them alone. The problems are exacerbated if some children are left behind or flee elsewhere. States of anxiety and related health problems such as ulcers may result.

Assistance with family reunification is considered a fundamental right of refugee and displaced women, since it helps to protect the young and speeds up the integration and rehabilitation processes. In some cases, however, family reunification is not possible; for instance, a woman may live in the country of asylum with some children, while others remain behind in the home country; UNHCR would not encourage return, however, while the conditions that caused flight still prevail. Furthermore, once a refugee repatriates, she is no longer the responsibility of UNHCR, so that family reunification may be delayed. In other instances, reunification of children from francophone countries with their mothers in refuge in English speaking countries has been discouraged on the grounds that the children will not integrate easily into this new and different environment. There is need for more concerted efforts to promote and accelerate the reunification process.

The recent disturbances in Uganda have separated many families. A group of children who had taken refuge in Sudan without their parents and who had been cared for by the UNHCR office in Khartoum were returned to Uganda and accommodated in a children's centre while the Ministry of Rehabilitation tried to trace the parents. Many internally displaced families also have some members missing. As a result, the rate of delinquency in Uganda has increased, which slows rehabilitation. UNHCR is active in the search for missing persons and in family reunification.

Voluntary repatriation is considered to be the most durable solution to the refugee problem. Thus UNHCR and OAU actively encourage Government activity in this sphere, while OAU, through bilateral and multilateral consultations, strives to influence the refugees themselves. Attempts are also made to persuade Governments to redress the conditions which caused the refugee problem and to welcome returnees. Assistance with repatriation and rehabilitation following a general amnesty is also offered.

Resettlement becomes an alternative when the country of first asylum is unable to continue its assistance and when the refugees cannot repatriate. Arrangements are made for the refugees to settle elsewhere and to be socially and economically integrated. Virtually no non-African country accepts African refugees, however, and furthermore, the few refugees that are resettled outside Africa experience problems of integration due to cultural differences. This particulary applies to women since they are usually more dependent on cultural support.

A related problem is the requirement for refugees wishing to travel to have the appropriate travel documents. In some countries the burden of first asylum is heavy; thus the OAU has set out the principle of burdensharing through scholarship awards in education and training. Documents must, however,

be provided by the country of first asylum to ensure that refuges return to their country of first asylum. Many delays result when the countries to be visited require a "return clause". UNHCR and OAU are striving to get this condition waived so that refugees may travel easily and freely to other African countries.

While host Governments have a responsibility to provide legal protection for refugees and displaced persons, similarly refugees have rights and responsibilities to the country of asylum. Should unsolicited trouble occur, UNHCR will provide necessary legal services. If, however, it is felt that the refugee was partly or totally responsible for the problem, special legal services are not provided. No special legal services exist for displaced women, partly because their problems are usually interpreted to be wholly economic, and partly because UNHCR has no direct mandate towards displaced persons.

In terms of direct protection, women are a particularly vulnerable group and clearly much remains to be done to ensure that their special needs are met. Female asylum seekers are especially vulnerable on first arrival because of sexual exploitation, rape and prostitution. In some cases, UNHCR has provided legal aid.

B. Emergency relief assistance programmes

Emergency relief is necessary at various different stages; to newly arrived refugees, to recent repatriates, and to those normally self reliant refugees, or nationals, who became the victims of internal displacement.

Emergency relief is designed to cover the early period following population movement. Cash, material assistance and services are provided by UNHCR, international agencies, the host and foreign Governments and the local community. Since

flight has often been precipitate, involving the loss of most personal possessions, and often, separation from relative and friends, emergency aid must cater for basic needs including shelter, food, clothing, blankets and medicines.

Initially, refugees and displaced persons are accommodated in camps, settlements, transit, or relief centres. Refugee camps or settlements are directed by a camp commandant who is directly responsible to the relevant ministry. The camps are subdivided into sections. The section leaders who are responsible to the commandant are in charge of population registration and food distribution. Relief and transit centres are temporary shelters built to accommodate people unable to return home because of continuing disturbances. Such shelters are also built to receive repatriates.

Speed and co-ordination are essential, particularly food distribution. A serious recurring problem is inaccessibility to some vulnerable groups, especially women and children. Adequate available supplies of basic and supplementary food earmarked for vulnerable groups do not reach them because of distribution problems, so that malnutrition is found within these groups. One reason is that to secure food requires long hours of queueing, but women alone are disadvanteged, since they have other responsibilities such as caring for children. Furthermore, they are handicapped by their traditional cultural behaviour patterns of reticence and lack of assertiveness.

In Tanzania, following the granting of refugee status, rural asylum seekers are sent to settlements where they are provided with food. The food ration consists of maize flour, dried milk, sugar, cooking oil, fish and beans. A study in Ngara district

of Western Tanzania, however, indicated that there were malnourished children in refugee settlements.[3/]

In Somalia, food supplies are co-ordinated by World Food Programme (WFP) and organized by WFP, CARE and the Somali Government. WFP solicits food donors and handles shipment to Somalia, the Government ensures legal entry and CARE handles the logistics of transfer from the port of entry to the camps. Distribution within the camps, however, is unequal. A study on the food situation in camps in Somalia in 1983[4/] identified categories of refugees stratified according to accessibility to food. The first group, 85 per cent of the total, consisting of people in charge of food distribution, such as section and subsection leaders, together with other refugees, had enough food to eat and even had excess stored up for future use and for sale, while the other 15 per cent had insufficient food, and the children were malnourished.

3/ C. Gasarasi "The Life of a Refugee Settlement: The Case of Muyenzi in Ngara District of Tanzania", University of Dar-es-Salaam, 1976, p. 65.

4/ United Nations Research Institute for Social Development, Report on a Six-week Exploratory Sociological Field Study into the Food Situation in Camps in Somalia, "Survival Strategies for and by Camp Refugees", 1982, p. 22., (hereinafter referred to as Survival Strategies . . .).

In Uganda, as described in an earlier section, UNHCR had gradually phased out relief assistance to resettled refugees, mainly from Rwanda, who had been in the country for over 20 years. The recent disturbances in the country, especially in Mbarara district, however, which are associated with the banditry and guerilla war which began in 1982, have displaced 31,000 people. Many families have been split and many women have lost their husbands, so that the displaced former refugee population consists mostly of widows and children, a substantial number of them orphans. Emergency relief has been revived, and is implemented by the Ministry of Culture and Community Development. Basic food stuffs are provided within new settlements.

Repatriates to Uganda from Sudan and Zaire also receive assistance from UNHCR, with the Lutheran World Federation (LWF) as the implementing agency. There is an office in Moyo for those from Sudan and one in Aruwa serving those from Zaire. Most repatriates return from Zaire, but it is expected that the numbers from Sudan will increase. So far 25,000 people have returned, most of them to homes in the West Nile, after a brief stay of one or two days in receiving centres. This population is dominated by women alone and children; the husbands have either been killed or have abandoned the women or have remained to assess the situation before returning. The repatriates are returned to their former home areas and while awaiting for the first harvest, they receive food assistance for six months, consisting of posho, maize flour, oil and dried milk.

Internally displaced nationals in Uganda are the responsibility of the Ministry of Rehabilitation, which at the height of the troubles had 53 relief centres in the three districts of Ndiki, Mpende and Luelo, known as the Luwelo triangle. The Ministry provides a general food programme. A total of 189,146 displaced persons have been assisted, most

of them women and children. Most of these have been rehabilitated and are either self-reliant or living with their relatives, so that now only 4 transit centres and 2 relief centres remain, with 3000 people still being fed, 2/3 of them women and children. The food ration consists of posho, beans and a premix for children. This is supplemented by foraging. Because of security problems, the food is not always delivered and malnutrition is found among many women and children.[5/] Particularly vulnerable groups are given supplementary food rations, for example, the Save the Children Fund feeds approximately 500 children with the Luwelo triangle. This assistance is not really adequate, however. Visits by SCF have been reduced to once a week because of security problems and the programme is limited to children under 5 who are at risk, although malnourished mothers may also be fed. Guerilla activity and the subsequent lack of security not only reduces the effective provision of supplementary feeding assistance, but also of the general feeding programme run by the Government. UNHCR also has feeding centres for malnourished children and serves about 100 children among the recently displaced population. Supplementary feeding programmes are normally introduced after the basic food ration distribution has been established to minimize logistical difficulties. Recognition of widespread malnutrition and its adverse effects on the health of women and children has led UNHCR, in collaboration with WFP, to provide both basic rations and supplementary feeding assistance at the same time. These outreach programmes show an increasing realization of the problems

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5/ Information obtained from the Chief Co-ordinator of Displacement Assistance in the Office of the Prime Minister.

of vulnerable groups.[6] Even where the food from basic and supplementary assistance reaches the refugee families, however, there is little control over distribution within the household. The widespread cultural practice of men eating first results in malnutrition of children and women, under prevailing conditions of food scarcity.[7]

A basic need of refugees, repatriates and internally displaced people is shelter. Initially, they are usually accommodated in relief centres, transit centres, camps or settlements, often under crowned conditions. At its height, the flow of refugees from Ethiopia into Somalia reached 2000 people per day, so that the settlements in Somalia were very crowded. In Tanzania, during the establishment of a settlement, communal sharing of tents and other facilities is acceptable.[8] In such conditions, diseases spread easily.

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[6] ICARA II, 1984, p. 7.

[7] Ibid, p. 6.

[8] Gasarasi, op. cit., p. 85.

Health depends on food, water, personal hygiene, group hygiene and living conditions. Some of these aspects are neglected among people concerned with securing basic food for survival. Furthermore, this situation is superimposed on conditions of malnurition and poor health, especially for women and children. Old health problems re-emerge, for example, tuberculosis and new ones arise like diarrhea and measles which are common among camp and settlement populations. The situation is aggravated for the women, who lacking any gainful activity during the relief assistance phase, since the few jobs available are taken up by men, are idle and develop a sense of apathy, which leads to neglect of health. Curative health care, therefore becomes an important element in emergency relief.

In Uganda, the International Committee of the Red Cross had 10 medical teams working in the disturbed areas on curable diseases and running intensive child feeding programmes. The very sick here moved to Mulago Hospital in Kampala. The majority of the assisted people were women and children. The Red Cross has since reduced its operation in most areas in spite of the feeling by both ICRC officials and the Government that the need for assistance remained.

UNHCR and its implementing agencies have also been involved in health care. Maternity and child health clinics have been set up in long established in refugee camps.

In Somalia, the Refugee Health Unit (RHU), under the Ministry of Health, co-ordinates and runs supplementary feeding, child health care and nutrition education programmes. In Uganda, Medicins sans frontières implement UNHCR medical programmes in settlements to alleviate the malnutrition found in the newly displaced populations.

Fertility rates among refugee and displaced women are very high, and family planning receives little attention, so that population growth in settlements and camps is high. For example, Ulyankulu and Katumba settlements in Tanzania have grown very rapidly due to high birth rates.[9] Of the total 160,000 refugees in the country, 45 per cent are aged under 16,[10] which is partly a reflection of rapid growth rates. There is, therefore, a need for family planning facilities, even though these are not well developed in Africa, as a whole, because of the sensitivity of the issue.[11]

C. Integration and Rehabilitation Assistance

Integration and rehabilitation programmes are designed as long-term solutions, to assist people to become self-reliant and fully established in the local population. They are needed when, for various reasons, refugees are unable or unwilling to return home. Rehabilitation assistance follows repatriation or the return of the internally displaced to their home communities.

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[9] Office of the United Nations High Commissioner for Refugees (UNHCR), Tanzania Refugee Case Load Survey, Branch Office Tanzania, 1983, p. 95.

[10] Ibid, p. 4.

[11] Office of the United Nations High Commissioner for Refugees (UNHCR) "World Conference of the United Nations Decade for Women; Equality Development and Peace in Copenhagen, 1980, "The Situation of Refugee Women the World Over," p. 8 (hereinafter referred to as World Conference in Copenhagen).

Men usually adapt more quickly than women, yet, despite this, most programmes are not sex specific. Thus, for instance, repatriates are given material assistance to help them rebuild their homes, schools and community facilities, together with seeds and farm implements to grow crops and food aid until the next harvest. Women heads of household have special problems and, recently, this has been recognized and attempts have been made to establish special women's projects. The next section examines a number of such programmes, including counselling, education, employment, and health aspects together with the extent to which they are specially adopted to women's problems.

1. Counselling services

In areas where the need is great enough, counselling services have been established to facilitate the integration of refugees. These services are provided by UNHCR, national and international voluntary agencies. Guidance is given in fields such as health, social welfare, employment and education. In cases of need, they may also make material assistance available. The aim is to encourage refugees to analyse their situation in the light of available resources, to help them and thus to promote self-reliance.

Orientation counselling is also provided for women to determine appropriate assistance in each case. Limited assistance is provided for a short period for all newly arrived women, while attempts are made to achieve longer lasting solutions. The women's ability to integrate into the changed environment needs to be enhanced through developing their economic potential and exploring various self-help activities, strengthening their capacity to cope domestically and promoting good mental and physical health.

Problems that arise are freely discussed, so that there is continuous contact between the women and the organizations established to assist them. Counselling stops only when integration and rehabilitation into the host society is achieved.

Most countries have established institutions to channel the appropriate advisory services, for example, the Kenya Catholic Secretariat (KCS) provides career counselling, while the National Christian Council of Kenya (NCCK) advises on general matters. In Uganda, where until recently there were few if any newly arriving refugees, UNHCR counselling services had been reduced, but recent disturbances have led to their expansion. There are several counsellors within the Kampala area, and UNHCR has one counsellor who visits each of the 8 settlements once a month. In special cases, the counsellor may recommend the appropriate action to be taken by UNHCR. Thus, refugees receive a limited group counselling service, but there is nothing for internally displaced people or for repatriates. Refugee counselling services in Tanzania are based on the Refugee Social Services Centre, opened in Dar-es-Salaam in 1982, which is jointly run by UNHCR and the Christian Council of Tanzania (CCT).[12/] Advice is given to urban refugees as well as to individual cases in settlements.

12/ "Refugee and Refugee Assistance in Tanzania," Office of the United Nations High Commissioner for Refugees (UNHCR), General Information Paper, Refugee and Refugee Assistance in Tanzania, 1982, p. 6.

Since most advisory services are in the towns, they serve primarily the urban refugee. Services in Kenya are based in Nairobi, those in Uganda in Kampala and those in Tanzania in Dar-es-Salaam. Most women, however, are based in the rural areas, and thus are not reached. This shows the insensitivity to the special problems of subgroups and especially of women and children of the traditional integration and rehabilitation programmes. Furthermore, even where counselling services are available, women are still disadvantaged because of ignorance concerning the services available to them, lack of experience in getting help, suspicion of strangers and lack of time through involvement in domestic responsibilities. In Sudan, with the largest urban refugee burden in Africa, 70 per cent of the recipients of counselling services are male.[13/] The programme which is provided by UNHCR with the support of voluntary agencies and the Government is directed mainly at the urban refugees in Khartoum and in Gedaref, Port Sudan and Juba. Some effort is made by UNHCR in Khartoum to alleviate the problems of vulnerable groups such as widows, young girls, orphans, the handicapped and the aged. This is being done with the assistance of the Ministry of Social Affairs, which has seconded outreach counselling services to seek out families in the greatest need of material and other assistance.[14/] In spite of these efforts, most beneficiaries of career and personal counselling continue to be men. Equally, the 1982 health records show that:

13/ Office of the United Nations High Commisioner for Refuges (UNHCR) World Conference in Copenhagen, p. 10.

14/ Ibid. p. 11.

"Only 10 per cent of the clientele of medical counselling were women even though women (and their small children) must constitute the majority of those with real medical problems. No woman head of family was on the books of the medical counsellors at the time. There were 24 refugees receiving psychiatric help (40 per cent of all medical counselling); all were men..... Women comprised only 15 per cent of those requesting counselling on employment....."15/

Most of the countries with established counselling services have no established posts for interpreters, despite the fact that most refugees initially do not speak the local languages of the asylum countries. The high rate of illiteracy among women makes communication difficult in both local and official languages and discourages them from seeking advice. In Kenya and Uganda, refugees are expected to come to the counsellor with their own interpreters. In Kenya, this leads refugees to "hire" young boys who often demand much of their monthly allowance. The limited skill of these amateur interpreters often causes misinterpretation of the refugees' problems.

In general, repatriates and internally displaced women are not eligible for counselling services, since it is felt that once they return to their homes and are given economic aid, they easily adjust and reintegrate in their communities. These women have however, become used to handouts in camps, settlements and relief centres and they need help to reorient to their former self-reliance.

15/ I. Palmer, "Women Refugees in Urban and Rural Settlements," 1982, p. 3.

The content of advisory and guidance programmes for women needs to be improved. A United Nations Inter-agency Mission to Sudan in 1982, on Education and Social Development/Welfare Services in 1982, found that concepts of "vulnerability" were applied indiscriminately. Thus, able-bodied women and widows were grouped together with the aged, disabled and handicapped and their energies channelled into marginal and unproductive traditional welfare activities. Such women were not challenged or motivated to seek new opportunities to create self-supporting lives. The imposition of alien patterns of community development and the lack of participatory methodologies among counsellors and social workers threatened to perpetuate dependence among refugee women.[16/] Recently, the counselling services in Kenya, in addition to dealing with individuals, have adopted a group approach, whereby refugees are requested to choose their own leaders to form a liaison committee to discuss refugee problems and ways of dealing with them, with the counsellors.

2. Health services

Population dislocation tends to result in increased poverty and ill-health among female heads of households, yet their good health is vital to the welfare of the family. Medical attention is not always available at hours compatible with a woman's responsibilities in the family and, generally, the health services refugee and displaced people emphasise family, rather than individual health, except where child care facilities are available. Some of the health services provided during the integration and rehabilitation period will now be considered, together with the extent to which these programmes are sensitive to the women's health needs.

16/ Report of the Secretary-General on the Situation of Refugees in Sudan, April 1982. pp. 8-12, Official Records of the General Assembly, Thirty-Seventh Session (A/37/178).

In Kenya, health assistance to refugee and displaced persons is provided within the overall national health programme. In addition to the national services, UNHCR employs one doctor in Nairobi and NCCK has engaged a gynaecologist for the benefit of refugees. In theory, these recent developments reflect an increasing sensitivity to refugee women's problems. In fact, however, at the time of this study, the doctor was only available for consultations late in the evenings. Most female refugees, however, live far from the centre of town, in neighbourhoods where it is necessary to ge home early for personal security reasons, and in any case they are not free in the evenings because of domestic responsibilities. ICARA II, requested external assistance with the construction and equipping of an additional maternity unit, to improve the health services at Kangemi estate which houses the largest concentration of refugees in Nairobi.17/

In Uganda, the health needs of refugee and displaced people are covered for in the national health programme of the Ministry of Health. A nationwide immunization campaign is being carried out, with the help of UNICEF funding and Save the Children Fund medical assistance. UNHCR provides additional medical health services for those refugees referred by the advisory service. The present study in Uganda found that many displaced refugee women suffer from ulcers, which are probably anxiety induced, but medically recommended special diets are usually beyond their means. Displaced women in the country side have no special health services, but use the normal health facilities of the area. As in many African countries, the health facilities are overloaded.

17/ ICARA II, 1984, p. 89.

The inadequate provision of health services, means that maternal health and infant mortality pose problems in Somalia. Mortality rates in unattended and complicated (95% of all births) following surgical emergencies are very high with particularly high figures in regions with large numbers of refugees. The crude death rate is 20 deaths per 1000 population while the infant mortality rate is even higher at between 150 and 170 deaths per 1000 births.[18/] The common problems of diarrhea, upper respiratory infections, measles and many other communicable diseases are exacerbated by malnutrition among women and children. The Regugee Health Unit (RHU) within the Ministry of Health was set up to administer and co-ordinate refugee health activities and set priorities and guidelines for health. Refugee women themselves have been involved in the health administration, mainly as community health workers, Traditional Birth Attendants (TBAs) and nurses. Mother and Child Health Centres (MCH) have also been established in refugee camps, running maternity and infant clinics, immunization campaigns, and education programmes in personal hygiene, waste disposal and child care. Feeding centres distribute supplementary and specialized foods to pregnant and nursing mothers and to their other children who are often malnourished. These services, however, only seem to cover a small proportion of the needy women and children. There are also several supplementary special health measures including the extension of maternal and child health care through rural clinics and of preventive health education in rural settlements.

18/ Ibid, p. 124.

Refugees are also being trained as instructors for 160 centres where women and older girls will be given courses in a range of subjects including sanitation, child care, nutrition and food preparation and storage.[19] In addition, Somalia has requested external assistance through ICARA II for a project to establish community hospitals with training facilities and out-patient clinics in Gedo, Hiran, and N. West Regions as secondary support for existing and developing primary health care programmes.[20]

In Sudan, several voluntary agencies have organized basic health programmes in organized refugee settlements, in co-operation with the Ministry of Health. The problem in Sudan, however, is the large numbers of refugee who have spontaneously settled in the major towns in Eastern Sudan. For instance, more than 170,000 refugees have settled in and around the towns of Kassala and Gedaref, where they constitute over 45 per cent of the present population. The existing services have had to be extended to the refugee families and they are, therefore, vastly overstretched, which has led to a chronic water shortage, and to inadequate health facilities and sanitation. In 1982, Kassala Hospital reported the following percentages of refugees among the patients treated: 50% in general out-patient care; 45% in in-patient medical wards; 30% in-patient chest (tuberculosis) department and 85% psychiatric care.[21] Although

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[19] Office of the United Nations High Commissioner for Refugees (UNHCR), World Conference in Copenhagen, p. 13.

[20] ICARA II, 1984, p. 124.

[21] Ibid, p. 154.

no figures are available, it may be assumed that more men than women benefitted from these facilities, since refugee women normally have access only to the limited basic health facilities in rural settlements. Sudan has requested external funding through ICARA II for a project to improve the hospitals in Gadaref and Kassala. In Gadaref, the construction of additional fully equipped units for the gynaecology and paedriatric departments would directly assist refugee women. Kassala provincial hospital would be expanded through the construction of an X-ray department. These two hospitals would be referral hospitals.[22/]

In Burundi, too, the presence of refugees, and repatriates exerts pressure on existing health facilities. Despite considerable progress in the national health programme, there is a severe shortage of medical personnel and supplies; in some regions, for example, the doctor - patient ratio is one to 7000. Partly because of this, the general mortality level among refugees and repatriates, especially women, is very high. Infant mortality is even higher at 127 deaths per 1000 births.[23/] Population pressure on food supplies, coupled with a lack of knowledge of correct nutrition, has led to a death rate of 28 per cent among children aged 5-14, primarily from malnutrition.[24/]

22/ Ibid.

23/ Ibid.

24/ Ibid.

UNHCR co-operates with voluntary agencies and Governments in providing health and family planning services to refugees in the major asylum countries. In Tanzania, a family planning and mother and child health programme is already being run by the National Family Planning Association (UMATI), under the sponsorship of UNHCR, UNFPA, and the Tanzanian Government.[25/] Family planning is of particular importance because of the high birth rate among refugees. As the United Nations Interagency Mission to Sudan found, however, community health and family welfare training is often confined to refugee women only rather than being available to the entire family. In social and psychological terms, therefore, the burden of family planning is placed on the women, whose emotional and personal resources are already strained.

Furthermore, family planning may be a particularly sensitive issue, especially where ethnic rivalry is the root cause of population dislocation; those displaced usually come from the minority ethnic group. Population control through family planning, therefore, is unlikely to be acceptable as for example, among the Rwandese, Uganda, Kenya and Tanzania, where a family of over 10 children, is not unusual. Then, poverty increases, especially in the prevailing conditions of unemployment. Family planning therefore needs to concentrate on changing attitudes and dispelling fears that the ethnic stock will die out.

25/ Office of the United Nations High Commissioner for Refugees (UNHCR), "Refugee and Refugee Assistance in Tanzania", General Information Paper, 1984, p. 7.

3. Education and training

Education is an important tool in successful integration and rehabilitation since it promotes the attainment of economic self-sufficiency. Most asylum countries have education assistance projects and they also encourage participation in national education schemes, which are often supplemented by facilities, such as language training, from UNHCR funding.

At the primary school level, the projects in settlements and camps are often run by the refugees themselves, assisted by nationals and by international agency personnel. They do not, however, fulfil the educational need. In Burundi, most returnees are farmers from Tanzania and Zaire, whose children have not had a chance to receive any schooling while in refuge. The demand for supplementary primary education places an additional strain on services already insufficient in quantity and quality. Even so, although a large budget is allocated to education, only a small percentage of primary school age children are attending school, and very few of these go on to secondary school.[26/]

In two of the main areas of refugee and returnee concentration in Ethiopia, the percentage of children of primary school age who are currently enrolled is particularly low: in Eritrea, 17.5% and Hararghe, 14.5%. Sufficient education at facilities, even for those already living in these areas, is lacking, so that the influx of additional children contributes to an already unsatisfactory and indeed worsening situation.[27/] Efforts are

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26/ ICARA II, 1984, p. 51.

27/ Ibid, p. 69.

are being made to expand existing school facilities to accommodate repatriate children; in Hararghe, additional classroom space for about 2500 pupils is being built, based on estimates of the total number of children likely to return. This number excludes the children of nomadic pastoralists and agro-pastoralists who are not expected to attend school because of the constraints of their ways of life. UNHCR is funding the additional classroom equipment and school supplies, whilst the ministry is providing the teaching staff.

In Somalia, although attempts are being made to meet the educational needs of refugee children by establishing schools in and around camps, the classrooms are severely crowded. The Government has also been forced to abandon the enforcement of its compulsory primary education policy because there are not enough places for the many six-year old children.[28/]

In Uganda, the improved security situation in the West Nile, has led to the return of many repatriates. Educational facilities are being rebuilt, with UNHCR funding, in conjunction with the Ministry of Rehabilitation and other international agencies. UNHCR is also building additional schools in refugee camps and providing scholarships for the children of displaced refugees.

Since 1975, primary school education has been free for Tanzanian nationals and this privilege has been extended to refugees. The school curriculum is similar for all pupils. Primary schools have been built in settlements, and teachers include both nationals and refugees. Staff shortages, however, poses a serious problem.

28/ Ibid. p. 120.

Refugee teachers often lack adequate training, and the numbers trained of national personnel are inadequate for even national needs. Materials are also in short supply, and a curious mixture of textbooks and teaching materials of different origins is found in refugee schools - whatever hapens to be available rather than that which is suitable.

In principle, educational assistance is equally available to male and female refugees. In practice, however, the socio-cultural systems of the asylum countries favour males, despite the fact that counselling services stress the need for women and girls to avail themselves of educational opportunities. The proportion of girls in primary education is highest in settled camps, where they may even predominate. A study[29/] of the two camps of Adi Addeys and Lugh Jellow in Somalia, however, showed that approximately 1500 and 2500 children respectively were enrolled in primary school, but only 40 per cent were in attendance, almost all of them boys. The proportion of females enrolled for primary schooling is even lower in the spontaneously settled urban and peri-urban communities, where refugees compete with nationals for the same educational facilities.

A number of refugee and displaced women are also involved in secondary education and vocational training programmes. A scholarship scheme for a limited number of eligible students exists under the auspices of UNHCR and some of its implementing partners. Many of the Namibians and South Africans training in various African countries are funded by the scheme. In Zaire, provision has been made for study grants to refugees at higher

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29/ United Nations Research Institute for Social Development, Survival Strategies..., p. 17.

secondary and university levels. Many organizations help with the provision of educational and vocational training scholarships including OAU, World University Service, African American Institute, Phelps Stokes Fund, Otto-Benecke Stiftung, United Nations Council for Namibia, World Lutheran Federation, UNDP and the World Council of Churches.

A recent study in Eastern and Southern Africa, however, found that secondary and tertiary educational scholarship programmes discriminated against women. This was partly because most educational scholarships do not cater for dependants; whereas most male students are single without dependants, many women are single mothers and are, therefore, precluded. In the absence of support services, educational scholarships will continue to benefit men rather than women.30/

The degree of participation by women in educational projects, however, shows some general improvement. In the 1974/75 academic year, the percentage of women and girls among refugee students was 15 per cent but that proportion had increased to 26 per cent in the 1979/80 academic year. Furthermore, the 32 per cent of the South Africans and 50 per cent of the Namibians benefiting from UNHCR educational assistance are women and girls.31/

30/ S.A. Khasiani, "The Nature and Scope of Education, Training and Employment Problems of Refugee and Displaced Professionals in Eastern and Southern Africa", Report submitted to the International Development Research Centre, 1984, pp. 31-32.

31/ UNHCR, World Conference in Copenhagen, p. 13.

Currently, UNHCR's largest educational assistance programme finances 6,000 refugee students in post-primary academic, vocational and technical disciplines in the Sudan. The projects put forward at ICARA II show that Sudan plans to expand post-primary educational facilities to accommodate an increased number of refugees, and that there is clear concern for the position of women. Thus, in the Showak and Kassala regions, three intermediate schools have been planned to take both national and refugee boys and girls. The Kassala intermediate girls school will have an estimated 90 per cent refugee student intake. The access of girls, however, to several of the planned higher technical and vocational institutes in Showak, New Halfa and Equatorial regions remains doubtful. The project proposals concentrate on agriculture, plumbing, carpentry, metal working, automative mechanics, and electrical and mechanical engineering, in order to enable refugees to establish small-scale industries and businesses, so becoming self-reliant entrepreneurs. Educational opportunities should be created for intermediate secondary level girls, as an alternative to the traditional "feminine" occupations.

The admission of refugee children to secondary schools in Tanzania is based on the noncitizen quota allocation of 2 per cent of the places available in Form I.[32/] Vocational training and adult education are available to refugees not admitted to secondary schools. UNHCR has established post-primary vocational and technical centres in each of the major refugee settlements, in response to the inability of local schools to absorb an increasing number of primary school leavers

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32/ C. Gasarasi, "The Tripartite Approach to the Resettlement and Integration of Rural Refugees in Tanzania," Scandinavian Institute of African Studies, Research Report No. 71, 1984, p. 23.

from refugee settlements. Courses are offered in homecraft, carpentry and masonry.[33/] It can be assumed that most of those unsuccessful in gaining entry to secondary schools are young girls who therefore need extended vocational training and adult education opportunities.

Refugees in Somalia have some access to post-primary formal education from secondary schooling and in the inservice teacher training programme. Secondary education is non-existent, however, in refugee camps. Attendance at secondary school depends on competition with the local community for admission, then with other refugees for subsidies from UNHCR. The chances of success, therefore, are very limited, particularly for girls. Within the camps the only post-primary formal education is through the Institute of In-service Teacher Training (IITT), which runs a two-year training course based on direct and correspondence instruction. The trainees are the teaching force in the camps' primary schools, and they are drawn from both the refugee and the Somali population, although priority is given to young refugees. Vocational training is also provided for 150 refugees at a training centre in Mogadishu.

In Kenya, refugee women are offered a variety of basic courses up to Form II level, for example, tailoring, catering, secretarial courses, business administration and accounting. At a higher level, refugees may be eligible for high school education, commercial courses, teacher training, diploma courses

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33/ UNHCR, "Refugees and Refugee Assistance in Tanzania", General Information Paper, 1983, p. 7.

or even university education. The overall proportion of refugee women in training is low, with an even smaller number involved in higher education. Numbers have been increasing, however, and women are increasingly venturing into the technical areas which have traditionally been the domain of men, since there are employment possibilities in these spheres.

There is great demand for the limited number of training scholarships available, and this can lead to abuse and the exploitation of young refugees, especially women. In such circumstances, refugee rights are violated. It is possible that some formal machinery is necessary to hear grievances and give protection.

Non-formal education includes adult and functional literacy programmes. Such programmes have been developed for most refugee and displaced communities, with women as the primary target group. In Somalia, the programmes operating at the camp level include a Family Life Programme and also training courses for Community Health Workers and Traditional Birth Attendants.

The Family Life Education Programme which operates in 32 refugee camps and is implemented by the Women's Education Service of the Ministry of Education, aims to provide refugee women with skills that will improve the quality of their daily lives and augment their income generating capabilities. The programme has assisted 8000 women, in activities such as tailoring, handicrafts, home improvement, health and hygiene, child care, nutrition and administration. The local language has been taught in literacy classes, which has enabled the women to participate in various social activities, so reducing the problem of isolation. Day care centres, catering for 4800 children under five and giving basic instruction, enable the mothers to participate in the programme activities. In addition,

refugee women are undergoing intensive training to replace the 50 Ministry of Education teachers in the Family Life Education Programme.[34/]

One serious problem experienced by the Family Life Programme is the lack of financial support from the international community, since women's programmes do not attract as much funding as male programmes. Consequently, the programme reaches a small fraction only of the needy women.

In Lalagsi, ILO is also involved in income generation training programmes for refugee women, in which both the raw materials and the equipment are provided. The availability of raw materials is one of the difficulties to be faced, as for example by the soap making project.

In Ethiopia, the most significant activity is the training of returnees in small-scale cottage industries to revitalise traditional income generating activities and skills. Four hundred and fifty people are being trained in 11 different centres in Harrarghe, Eritrea, Gondar and Wollega in skills such as carpentry, handweaving, tailoring, building, shoe making, sisal crafts and pottery. Most of these are male oriented occupations, although it is probable that some women will benefit from the training.

34/ Somalia, Ministry of Education, Women's Education Department Women Refugee Unit, "Family Life Education for Refugees", Fourth Monthly Report 15th December, 1983 to 15th April 1984, No/1595/G.S.F.L.P/1984, pp. 1-5.

In several of the countries studied, adult literacy programmes are biased in favour of women, which is understandable in view of the overwhelming numbers of female illiterates in the refugee and displaced population. The content and orientation of these programmes, however, tends to reinforce woman's traditional role. As a result, many single mothers and women heads of household can only participate in training that is compatible with their child rearing and family responsibilities. Even then, attendance figures are poor. Poverty also tempts them to use the allowance intended for training materials, to buy additional food for the family.

Many displaced women and the majority of the older refugee women receive little or no training. They occupy themselves with the household chores or do nothing. Tradition keeps many elderly women in the home. Since there is often a language barrier, many also avoid the advisory services. In Kenya, the NCCK is trying to assist by including them within the national adult literacy programme. Knowledge of the local language would enable them to mix with the local people, thus diminishing the sense of isolation and of loneliness. There is a need to stimulate interest in creative activities and encourage the active participation in community development.

4. Employment programme

All major asylum countries have policies promoting self-sufficiency among refugee and displaced populations. Thus, for example, those from urban backgrounds are settled in towns and encouraged to find employment in the urban sector, whilst rural peoples are settled in the countryside, where there is the chance of compatible employment.

(a) Urban employment

In urban areas, the main assistance programmes are integration and rehabilitation projects aimed at self employment and job placement in the formal sector. The relatively few refugees and displaced persons with high level skills, usually university trained young men, are easily absorbed, particularly, in the civil service and parastatal institutions.[35/] Other people, especially those spontaneously settled in urban areas freely compete for employment on the open labour market according to Government's policy. The unskilled workers swell an already underutilized urban labour force, face considerable employment difficulties, and their problems are compounded by domestic responsibilities and lack of education. Many engage in petty trading and prostitution, for example, in Port Sudan, Nairobi and the larger towns of Zambia, Zaire, and West Africa. In urban and peri-urban areas in Eastern and Central Sudan, it was found that 27.0 per cent of single mothers who were heads of households had resorted to prostitution as a source of income,[36/] in the absence of other means of employment. In Kenya, many refugee women lack the education or skills to integrate economically into the urban environment. In many countries, rural settlement is not practicable because of overpopulation or land hunger among the country's nationals. Thus in Kenya, UNHCR through local churches has only recently been able to lease land for refugee settlement, in Bungoma and near the Ngong Hills; apart from the border settlement at Bardassa in Marsabit, where 36 Ethiopian families live. Many refugee and displaced women live in towns, therefore, and they are unemployed.

35/ S.A. Khasiani, op. cit., 1984b., pp. 41-42.

36/ Office of the United Nations High Commissioner for Refugees (UNHCR)/ILO, Self-reliance for refugees in Sudan; a programme for action, 1983, p. 62 (hereinafter referred to as Self-reliance...).

(b) Agricultural employment

The majority of most of refugee and displaced women are from the countryside, so that work in agriculture provides a viable source of employment and income. The integration and rehabilitation of this population, therefore, demands a land settlement policy. Availability of land has not been a problem in most asylum countries, so that families are usually given plots, primarily for subsistence, but, if possible, to produce a surplus for sale.

In the major asylum countries such as Tanzania, Zambia, Sudan, Somalia and Ethiopia, the women are given land and farm implements and encouraged to become self-reliant. To ensure that living standards equate with those of the local population, agricultural projects are established to assist in the integration and rehabilitation process.

In Senegal, UNHCR is helping to fund an agricultural and fisheries project for the 5000 refugees from Guinea-Bissau settled in the country. Some project funds are specifically earmarked for the integration of refugee women into the economic life of the country.37/

In Somalia, refugees have always lived in camps, but now there are plans to establish settlements. The Government has, therefore, created administrative units responsible for key sectors, for example, the Refugee Agricultural Unit (RAU). Agricultural projects for refugees include irrigation schemes and also small projects, such as vegetable growing which have been specially designed for women.

37/ UNHCR, Fact Sheet, West Africa No. 1, June 1984, p. 2.

In Burundi, there are plans for a Land Development and Agricultural Extension project, to help some 4000 returnees and 450 refugees. Four hectare plots in rainfed areas are to be allocated to refugees. There is already infrastructure development.[38] Attempts are being made in Ethiopia to find suitable agricultural land for recently arrived refugees and returnees. Returnees from Sudan and Zaire to Uganda are provided with farm implements and seeds to rehabilitate them into their former communities.

There is, however, a need for an even greater awareness of women's problems in the provision of employment. Settlements, for instance, are usually established away from borders to avoid raids and reprisals leading to increased international tension. This may create problems for the women who feel disorientated and isolated, cut off from the support of the extended family and of the border ethnic group whose cultural and agricultural practices may well be similar to their own. In Sudan increasing awareness of the vulnerability of female headed households is reflected in the allocation of land much closer to settlements.[39] In Ulyankulu rural settlements in Tanzania, vulnerable families are given land next to the communally operated facilities. In Somalia, Government appointed agriculturalists advise refugee farmers, run demonstration farms, and teach irrigation methods, food storage and the use

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[38] ICARA II, 1982, p. 61.

[39] UNHCR), World Conference in Copenhagen, p. 12.

of insecticides. The composition of the family and the distribution of labour available to agriculture is, however, ignored. A normally constituted family is assumed, with enough labour to till land, in addition to meeting child rearing and domestic responsibilities. This discriminates against female heads of household and increases their burden.

(c) Handicrafts and small-scale industries

While the primary objective of a rural settlement is food self-sufficiency, many female headed households never attain this and continue to depend on insufficient rations. It is necessary, therefore, to promote alternative sources of incomes. UNHCR, implementing agencies such as ILO, WFP and many voluntary agencies consider the handicrafts and small-scale industrial sector to be very important in the integration and rehabilitation process.

In refugee settlements in Eastern and Central Sudan, seven income generating co-operative projects have been specifically designed for women heads of family. A primary objective is to counter the women's sense of isolation, whilst also developing their potential for self-reliance. The projects are based on cottage industries, for those who have small children, plus other outdoor activities. One project involves expanding small-scale bakeries to meet the demand for bread in refugee settlements and achieving lower production costs from an increased output. Other activities concentrate on nutritionally useful foods for home consumption, with saleable surpluses generating income, for example, the vegetable growing and poultry raising schemes. Still others are designed mainly to attract a cash return; for example, the bee-keeping and fodder production project, the soap making unit, the textile co-operative and

the associated spinning and weaving support programme, which will investigate ways of increasing and diversifying the range of textile products.[40/]

Several agencies fund and implement income generating activities, in Somalia, for example, the ILO project, established in 1981,[41/] and its follow up, the Integrated Refugee Camp Development Project (IRCDP), funded by UNHCR and the Canadian Government. So far, the projects have been concentrated in Jalalagsi camps, which have a total of 89,000 refugees, mainly women. Vegetable growing, soap making introduced in Camp I, handicrafts and chili powder mixing operations have all been set up largely for women, while poultry raising benefits both men and women. This latter is planned to increase in scale, and the handicraft operation also has plans to diversify production and introduce new items. Mats from this project are sold to UNHCR, for distribution to refugees and other products are taken to Mogadishu where the Somali Women's Democratic Organization holds periodic sales. It is hoped to start monthly sales and eventually to open a shop in Mogadishu. A new mud-brick making project is expected to generate income for 10 women from sales to construction projects.[42/] The Family Life Programme also has income generating projects for women in refugee camps in Somalia including tailoring, vegetable growing and handicrafts.

40/ UNHCR/ILO, Self reliance...

41/ ILO, Integrated refugee camp development, progress report January - June 1984 (SOM/84/02A/NETH).

42/ ILO, Income Generating Projects for Women Refugees in Somalia, prepared for the Rural Employment Policies Branch, Employment and Development Department, Aug. 1982.

In Ethiopia, similar projects have been set up for both refugees and repatriates. In Zimbabwe and Uganda, UNHCR gives grants to individual refugees to enable them to start small business, but a similar programme in Kenya was stopped because it was not successful. ILO is implementing various income generating activities for refugees in Zaire and Lesotho.

Several serious problems arise during the implementation of many of these projects, for example, the supply of raw materials and the marketing of the finished products. The Experimental Soap Production Unit, implemented by ILO in Somalia, has experienced great difficulties in getting raw materials, which has affected production and led to income fluctuation and dissapointment among the producers. The mat-making ILO project in Somalia began well but the lack of markets depressed the prices, so that the women complained of the low income level and, as a result, have begun to leave the group. The ILO poultry project was affected by a lack of chicks, when unco-ordinated orders to the Ministry of Livestock put pressure on the Ministry's stock and all sales were stopped for several months. Clearly, there is a need for proper surveys to identify and eliminate any social, economic or institutional constraints on the viability of proposed projects.

Many women have marketable skills in traditional fields, for example the Ethiopian and Rwandese refugee women were engaged in handicrafts before taking flight. Their potential, however, has not been fully exploited by the formation of co-operative to generate adequate income, especially in countries like Kenya and Uganda. Moreover, many women suffer from boredom and isolation working at home at these timeconsuming, tedious and unprofitable occupations. On the other hand, tailoring is popular and useful, fulfilling the demand for clothing with the result that agencies are encouraged to buy machines for groups of women and give them some assistance.

Most agencies tend to conceptualize and establish income generating activities within the confines of traditional sex specific roles. Thus, women will be directed into handicrafts tailoring, or vegetable growing, with little regard for the market potential. It must be recognized that these are people who have been uprooted from their traditional past; they are constantly faced with change and they adapt easily to it, for example, many have been forced to take the normally masculine role as head of the household. These women can effectively partake in a wide range of income generating activities. Employment possibilities should, therefore, only be limited by project viability.

Much handicraft production in Sudan, Somalia, and elsewhere is not developed beyond the subsistence level. Conceptual confusion exists between income preservation activities and economically progressive income generating ones. Fancy needlework, crochet, tie and dye and basketry serve neither goal, and often lead to frustration and disillusion. A co-operative organization is often recommended for handicraft workshops and small-scale industries. Field experience, however, has shown that greater attention must be given to training in basic concepts (evaluated in the light of the refugee's own cultural idea of a co-operative), and in business practice, for example, management, accounting, book-keeping, costing, pricing, marketing and risk taking. A combination of such technical knowledge and an initial working capital loan or grant would ensure a greater success rate for small businesses. Indeed this approach is equally valid for refugee and displaced women's enterprises as for national poor women's groups engaged in this sector.

One of the greatest limitation to the success of small businesses is the lack of information on markets. The market in camps or settlements is quickly saturated, for example, tailors making school uniforms receive only one order per child per year. Thorough market research is necessary prior to setting up small businesses.

Chapter III

THE AFRICAN CONTRIBUTION TOWARDS THE SOLUTION OF THE PROBLEM

A. Emergency-relief and integration assistance

As elsewhere, the majority of refugee situations in Africa have been of an emergency character, whereby very large numbers of people have suddenly crossed national borders seeking asylum. In the spirit of African traditional hospitality such asylum seekers are provided with immediate emergency relief assistance, before the international community can mobilize further resources. In this respect, African Governments should, therefore, be seen and appreciated as reliable donors. Even after the intervention of the international community, African Governments have continued to extend assistance to refugees, in terms of physical protection, often at very high political risk - for example, the Frontline States of Southern Africa. Similarly refugees may be given large tracts of land for settlements as in Tanzania, Zaire, Angola, Sudan, Somalia, Zambia and Uganda. They may also be involved in various educational programmes, offered employment and even granted citizenship, as in Tanzania, which naturalized more than 36,000 former Rwandese refugees.

B. Creation of regional agencies

The concern of the Organization of African Unity (OAU) for the refugee problem dates from the founding of the organization in 1963. The preamble to the Charter clearly affirm the determination of the heads of African States and Governments to promote an African brotherhood and solidarity, transcending ethnic and national differences, so as to achieve a better life for the peoples of Africa. With this commitment,

and in view of the ever-worsening situation, the OAU has been active in seeking a solution to this dehumanizing problem.

From its inception, the OAU began to set up the machinery to tackle the problem in a systematic way, to ensure proper co-ordination between OAU member States, ECA, UNHCR, and the various concerned international organizations and voluntary agencies. Thus, in 1964, the OAU Council of Ministers adopted resolution CM/RES. 19(11) calling for the establishment of a commission on refugees, now known as the OAU Commission of Fifteen on Refugees, since fifteen countries are involved. This commission has worked towards the formulation of policies and action programmes. In 1968, resolution CM/RES.141(X) called for the setting up of another body, the OAU Co-ordinating Committee on Assistance to Refugees, to serve the Commission of Fifteen in an advisory capacity on matters related to assistance programmes. This committee is made up of the OAU, ECA, UNHCR, ILO, WHO, UNCM, UNESCO and other international organizations and voluntary agencies. The same resolution also established the OAU Bureau for Refugees, which is the OAU's operational arm on all refugee matters such as education and training, employment protection and information dissemination. While the OAU mandate does not isolate women's problems from the overall refugee issue, it is possible that through these various bodies the specific problems of women refugees and displaced persons could begin to receive attention.

C. The calling of regional meetings

Joint meetings on the refugee problem have been held to exchange ideas, such as the 1967 Conference on the Legal, Economic and Social Aspects of African Refugee Problems, which took place in Addis Ababa, Ethiopia, and was jointly sponsored

by OAU, the Economic Commission for Africa, UNHCR, and the Dag Hammarskjold Foundation. In 1979 the Conference on the Situation of Refugees in Africa was held in Arusha, Tanzania, sponsored by OAU, UNHCR, and ECA. Other meetings were the 1981 ICARA I, in Geneva, the 1983 meeting in Arusha, of the OAU Secretariat and voluntary agencies involving in assisting refugees in Africa, and the 1984 ICARA II meeting in Geneva. There is, however, a need to sponsor further meetings specifically to consider the female refugee and displaced person, in order to solicit collaboration between Governments and those organizations and agencies which are particularly concerned with women. The various resolutions adopted by both the OAU Council of Ministers meeting and the Assembly of Heads of States and Governments uphold the African point of view expressed in the words of former President Mwalimu Julius Nyerere of Tanzania:

> "the refugees of Africa are primarily an African problem and an African responsibility."

D. Adoption of regional legal instruments

Another achievement has been the drafting and adoption of the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa. The Convention came into force on 20 June 1974 and is the regional complement of the 1951 United Nations Convention on Refugees. It is the basis of the work of the OAU on refugee matters. The African Charter on Human and Peoples' Rights, which was adopted in 1981 in Nairobi, will, if ratified by all the OAU Member States, be a great help in reducing the refugee problem. More than seventeen member States have already signed and more than eleven have ratified the Charter.

E. Promotion of voluntary repatriation

The most important contribution made by African countries, particularly those originating the refugee outflow, is the declaration of a general amnesty, and the enactment of amnesty laws so that nationals in exile may return home. Such countries include Ethiopia, Uganda, Zaire, Sudan, Central African Republic, Chad, Angola, Zimbabwe, Equatorial Guinea, and Ghana. Moreover, many OAU member States have collaborated with OAU, UNHCR and other international organizations to participate in numerous voluntary repatriation campaigns; to Sudan (1972), Uganda (1979), Equatorial Guinea (1979/80), Central African Republic (1979/80), Zimbabwe (1980), Chad (1981) and Ethiopia (1983). For humanitarian reasons and in the interests of African unity, all African countries must be encouraged to declare a general amnesty. Where repatriation is not possible, refugees should be integrated within the local communities or naturalized. The most important task, however, is to tackle the origins of the refugee problem at its source. Thus the 40th Ordinary Session of the OAU Council of Ministers, meeting in Addis Ababa in 1984, included a special item on the root causes of refugees in Africa in the Agenda for its 41st Ordinary Session.

Chapter IV

Conclusions and recommendations

A. Regional

In keeping with the principle of burden sharing and the view that the problem of African refugees and displaced persons is an African problem which must be solved on a collective regional basis, there is need for regional cooperation in the programmes which address this issue.

Concern by the African Governments over the refugee problem was part of the reason for the establishment of OAU. The political machinery exists and must be used to identify, define and deal with the problem of refugee and displaced women on a regional basis. The root causes must be discussed and permanent solutions reached. Regional and global meetings should be organized to create an awareness of the plight of refugee and displaced women in Africa, even among peoples geographically removed from the problem areas. Government representatives and experts can be brought together to exchange information.

Most of the refugees and displaced populations are found in only a few independent African States. Thus, regional co-operation is needed to assist these countries. More especially since those shouldering the heaviest burden, most of them in Eastern and Southern Africa, are among the poorest.

Existing collaboration between OAU, ECA, UNHCR, UNDP and other organizations can be used to implement complementary relief and development assistance programmes for refugee and displaced women.

At the same time UNDP, because of its co-ordinating role in the United Nations system, must include the problems of refugees and displaced persons, especially women, in its programme planning and co-ordinate and monitor projects related to the needs of this population in a regional development context.

The establishment and implementation of appropriate programmes for the needs of refugee and displaced women is handicapped by the absence of a solid data base. Regional studies should be sponsored to collect accurate data and to carry out feasibility surveys on existing and planned programmes.

The setting up of regional and subregional organizations to look into the basic causes of the problems of refugees and displaced women in the region would be most useful. Such organizations should have the technical resources to try to look for permanent solutions to the problem, and the exchange of information and experts between regions would help maintain a degree of objectivity.

B. Governments

From the standpoint of promoting self-reliance, the problem of refugee and displaced women is primarily one for the asylum country. In the emergency phase, the necessary relief assistance, and counselling services must be provided. Long-term solutions in rehabilitation and integration must emphasize settlements on agricultural land because of the rural background of most of the women. To provide the appropriate assistance, the characteristics and composition of the target population must be understood, which calls for country sponsored studies.

C. Women's groups

Women's groups must come to appreciate the problems of female refugees and displaced persons as a women's problem and then create an awareness within their own countries and in the region, by a clear definition of the problems.

Assistance may be given through mobilizing the political, economic and manpower resources at their disposal to try to provide much needed services to these women.

At the regional level, use must be made of the existing channels within organizations; for example the African Training and Research Centre for Women (ECA), has already established an African Women's Development Task Force to initiate programmes for women. This places the problem of refugee and displaced women within the broader context of the problems of women in Africa.

D. The international community

International co-operation is needed in the search for a permanent solution to the refugee problem. The international community provides assistance in the form of relief during the emergency phase, through the longer term measures of rehabilitation and integration and through technical and expert assistance. Assistance should be increased and there should be greater co-operation among the donor community so that humanitarian and development assistance can be strongly linked.

E. Implementing agencies

There is a need for greater co-ordination and co-operation in programme implementation. Many programmes could be improved which would obviously be reflected in the welfare of the population for women clearly must have their own identification documents.

Family reunification promotes integration and rehabilitation. It should receive special attention during emergencies such as major population movements, and therefore a specific organization should be set up to take on this function.

The various counselling services could be extended and improved. The services must be increased particularly in the rural settlements and also extended to serve displaced women. The concepts put forward must always be relevent to the people. Furthermore, the services in each area must include interpreters, to reduce the barriers between the refugees and those trying to help them.

When planning employment generating pursuits, the various agencies should appreciate the adaptability of many refugee women, and so move away from the traditional sex specific occupations. Within traditional spheres, such as weaving and handicrafts, there should be greater attention to income maximization through co-operative organization and training in basic business skills. Indeed all projects should include elements of commercial instruction in order to ensure viability. Feasibility studies, concentrating particularly on the availability of raw materials and markets, are also essential. Planning should also take into account women's daily responsibilities; the provision of support services, such as day care centres, would allow increased participation, not

only in income earning, but also in other programmes, for example, health, education and advisory services.

Literacy programmes are of enormous importance, since participation usually speeds up the process of integration and rehabilitation and eliminates feelings of marginality and alienation common among older illiterate refugee and displaced women. They must, therefore, be expanded to serve a greater number of women, particularly in areas where at present no such service exists.

Legal programmes provided to refugees must incorporate direct protection services for refugee women, since they are especially vulnerable to sexual exploitation.

In regions where there are large numbers of refugees and displaced persons, it is essential to ensure that the local population understand the reasons for the influx and the problems of the people themselves, in order to promote co-operation and good relations. All people, including the employees of the various agencies, need clear instruction on the various legal rights of the refugee, in order to solicit greater understanding and service.

The refugee population need to be drawn increasingly into the decision-making processes of those planning assistance. They are well aware of their own problems and often have specific ideas on how to solve them. Projects from the people rather than those imposed from outside engender increased enthusiasm and participation, and thus have a greater chance of success.

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